			$\langle \alpha \rangle$	\	RANSMITTAL			
	Complete and send	this form, together wit	th applicable f	V	P.O. Box 1450 Alexandria, Vir	E FEE or Patents ginia 22313-1450		
		\2		or Fax				
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	CURRENT CORRESPONDEN	CE ADDRESS (Note: Use Block 1 for	any change of address)		Fee(s) Transmittal T	f mailing can only be used this certificate cannot be used all paper, such as an assignment of mailing or transmission.	for any other accompanying	
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10/1	BIRCH STEWA PO BOX 747 FALLS CHURCH 7/2005 MBEYENE2 00000		RCH, LLP		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimilar transmitted to the USPTO (571) 273-2885, on the date indicated below.			
						·	(Depositor's name	
	:1501 1400.00 DP :1504 300.00 DP					(Signature)		
	C:8001						(Date)	
	APPLICATION NO.	FILING DATE	FIRST NAMED INVEN		VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/807 305	03/24/2004	Hiroshi Yamaguc		nguahi	2091-0314PUSI	3343	
	10/807,395 03/24/2004 Hi				iguein	2071-03141 031	3343	
	APPLN. TYPE nonprovisional	SMALL ENTITY NO	ISSUE FI		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE 10/17/2005	
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	EXAMINER				CLASS-SUBCLASS	J		
.,	PERKEY, WILLIAM B		2851		396-263000			
	1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys (Kolasch & Birch, LLP)				
				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to		n & Birch, LLP		
				2 registered patent attorneys or agents. If no name is slisted, no name will be printed.				
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
	(A) NAME OF ASSIGNEE (B			B) RESIDENCE: (CITY and STATE OR COUNTRY)				
	Fuji Photo Film Co., Ltd. Kanagawa-ken, Japan							
	Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖳 Corporation or other private group entity 🚨 Governme							
	4a. The following fee(s) are enclosed:			b. Payment of Fee(s):				
	Issue Fee			A check in the amount of the fee(s) is enclosed.				
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				tion Fee (if any) or to re-apply any previously paid issue fee to the application identified above. If the applicant is a registered attorney or agent; or the assignee or other party in Office.				
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October 14, 2005 Authorized Signatur Typed or printed name _ D. Richard Anderson Registration No. _ 40,439

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